

**TAPE ORDER**

Read Instructions on Next Page.

1. NAME		2. PHONE NUMBER		3. DATE	
4. MAILING ADDRESS		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER	9. CASE NAME		DATES OF PROCEEDINGS		
		10. FROM		11. TO	
12. PRESIDING JUDICIAL OFFICIAL		LOCATION OF PROCEEDINGS			
		13. CITY		14. STATE	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
16. TAPE REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which duplicate tape(s) are requested.)					
PORTION (S)		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
<input type="checkbox"/> REFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND		NO. TAPES		NO. COPIES	
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND					
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 15/16 INCHES PER SECOND					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional) upon completion of the order.		ESTIMATE TOTAL			
18. SIGNATURE		19. DATE			
PROCESSED BY		PHONE NUMBER			

ORDER RECEIVED	DATE	BY	DEPOSIT PAID
DEPOSIT PAID	TOTAL CHARGES		
TAPE DUPLICATED	LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TAPE	TOTAL REFUNDED		
PARTY RECEIVED TAPE	TOTAL DUE		

(All previous editions of this form are cancelled and should be destroyed.)

**DISTRIBUTION:**

COURT COPY

ORDER RECEIPT

ORDER COPY

## INSTRUCTIONS GENERAL

**Use.** Use this form to order duplicate tapes of proceedings. Complete a separate order form for each case number for which tapes are ordered.

**Completion.** Complete Items 1-19. Do *not* complete shaded areas which are reserved for the court's use.

**Order Copy.** Keep a copy for your records.

**Mailing or Delivering to the Court.** Mail or deliver two copies to the Office of the Clerk of Court.

**Deposit Fee.** For orders of 20 or more tapes, the court will notify you of the amount of the required deposit fee which may be mailed or delivered to the court. Upon receipt of the deposit, the court will process the order.

**Delivery Time.** Delivery time is computed from the date of receipt of the deposit fee (if requested, otherwise computed from the court's receipt date).

**Completion of Order.** The court will notify you when the tapes are completed.

**Balance Due.** If the deposit fee was insufficient to cover all charges, the court will notify you of the balance due which must be paid prior to receiving the completed order.

## SPECIFIC

Items 1-19. These items should always be completed.

Item 8. Only one case number may be listed per order.

Item 15. Place an "X" in each box that applies.

Item 16. Check specific portion(s) and list specific date(s) of the proceedings for which a copy is requested.

Item 17. Place an "X" in each box that applies. Indicate the number of additional copies ordered.

Item 18. Sign in this space to certify that you will pay all charges upon completion of the order. (This includes the deposit plus any additional charges.)

Item 19. Enter the date of signing.

Shaded Area. Reserved for the court's use.